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NEW JERSEY SOCIETY FOR CLINICAL SOCIAL WORK

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May 2019

President's Message

Janice Victor, LCSW, NCPsyA



I feel as though it is time for a brief history of our organization. The New Jersey Society for Clinical Social Work started as an affiliate of the National Federation of Societies for Clinical Social Work in about 1979.

*A*t times we had county chapters in Passaic, Essex and Bergen.

Like many important decisions that are multiply determined, the national organization disbanded, and The New Jersey Society chose to affiliate with OPEIU.

We now find ourselves separated from OPEIU, a small organization with a ten person volunteer board, being courted by professionals who want to influence our organization, particularly in the area of fund raising.

Are we satisfied with our four workshops a year, listserv, and efforts to try to influence legislation, or do we need to affiliate with a more powerful organization?

What are your thoughts?

PARITY LEGISLATION PASSES

The NJSCSW has been working with a large coalition of mental health advocates, for the last 2 years, to insure parity legislation compliance.

We are pleased to report that on March 25, both houses of the NJ Legislature passed the Parity Bill (S.1339/A.2031) and sent it to Governor Phil Murphy. The legislation would enhance enforcement and oversight of mental health condition and substance use disorder parity laws. The bill would provide transparency that will ensure that behavioral health insurance coverage is treated on a par with that for physical care. The measure would further provide guidance for how the Department of Banking and Insurance can check for compliance, and make helpful information available to the public.

Contact Governor Murphy and ask him to sign the parity act in to law. You can contact his office by phone (609) 292-6000, or fax (609) 292-3454, or by going to the Governor's webpage and submitting an email, or by sending him a note, at:

Office of Governor Phil Murphy
The State House
P.O. Box 001
West State Street
Trenton, N.J. 08625

Luba Shagawat, LCSW
Director of Legislative Affairs
New Jersey Society for Clinical Social Work

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Please submit articles to kaitlin.vanderhoff1@gmail.com

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The New Jersey Society for Clinical Social Work

Upcoming Programs

Bonnie Cushing will be presenting about
racism in the therapy room

Date June 9

Location TBD



Letter from the Editor

Kaitlin Vanderhoff

Dear Members,

As spring is springing into full effect I like to use this time as a period of reflection. So much has happened for me this year both personally and professionally. During this past year I joined and became a member of the NJSCSW, officially became licensed as an LCSW and officially opened my private practice. I'd like to take some time during this issue to reflect on the significance and lessons learned during each one of these events. The hope of this is to help spread some of the knowledge I've gained and to encourage members of this society to become further involved in its many helpful facets.

Since joining the NJSCSW just about a year ago I have met some amazing and inspiring clinicians, researchers and advocates in the field and learned a tremendous amount about both social work as a field and clinical practice. While not all members get to be on the board for the society I'd like to share what I have gained personally from getting to take part of this facet of the society. During my first monthly board meeting I was blown away by the knowledge, motivation and intensity of the society's board members in all areas of our functioning such as legislation advocacy, continuing education and member outreach. I immediately felt proud to be a part of a group of such seasoned and passionate clinicians who are willing to put in the time and effort for the advancement of the field. If any of the members reading this feel that they are currently missing this in their own professional lives I strongly encourage you to reach out (you can email me directly) to see if there might be a position you could hold on the board. We are currently in need of a new board Secretary.

My next major accomplishment was completing my LCSW application and moving forward in opening up a part-time private practice. These processes were both a challenge to my will and patience. I also faced a number of logistical issues and questions. I have to thank my network from the NJSCSW, the New Jersey Institute for Training in Psychoanalysis and my supervisors and mentors for guiding me through and providing tips and tricks along the way. I do not feel that any social workers should have to go through this arduous process alone so again, if you are not closely involved in any professional social work organizations

or programs I strongly encourage you to consider joining or increasing your involvement.

In sum, my level of knowledge regarding the field overall has simply skyrocketed and it has served me well in becoming a better clinician and social worker. Through the NJSCSW I am learning invaluable information regarding topics such as social work advocacy and its relevant players, lobbying, changes in CEU availability and the ever changing insurance companies' rules and regulations for reimbursement. Through the society and the New Jersey Institute I have also come to meet so many supportive clinicians who have been able to share great insight into the many ethical, logistical and personal issues which come up during my every day work. When reflecting on all of this and the outlook of the future I can only say that I feel grateful to have the level of support around me that I do. My hope is to continue becoming more involved and connecting with more social workers so that I may continue on this path of learning, growth and change.

"Alone we can do so little; together we can do so much."
– Helen Keller

Sincerely,

Kaitlin Vanderhoff, LCSW

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***Please contact Kaitlin Vanderhoff at:
kaitlin.vanderhoff1@gmail.com***

***NJSCSW welcomes new members
Hillary Kindman and Jessica Perrella.***

by Paul D. Kreisinger, Esq., LCSW

Jessica Perrella, of Woodbridge, is an LCSW who completed her MSW and Masters in Education at Widener University. Jessica worked in oncology at the inception of her career, presenting research on young adult sexuality and cancer, engaging in community education for survivors & families, educated other oncology professionals and conducted individual/group therapy. She later transitioned to the acute mental health service.

She is now a Clinical Care Manager at Beacon Health Options in Philadelphia. She would like to get back into direct service and is looking to join a private practice in the near future (please reach out to her if you know of anyone looking for a day time practitioner).

In May of this year, she will begin training for the CTCSP (Clinical Trauma Professional) in May through the International Association of Trauma Professionals (IATP).

Jessica enjoys weight training, puppies (baby through senior pups) and spending time with friends.

Hillary Kindman, of Asbury Park, is an LCSW who graduated from Columbia School of Social Work in 1991. She has worked in New York, in inpatient, day treatment, and outpatient settings until she left the field and went into pharmaceutical sales in 2001. Hillary worked her way up and spent the bulk of her career as a manager, but did not feel fulfilled, so she left pharma in the fall of 2015 to care for family and then began her private practice in 2017.

Hillary notes "fortunately, when licensing just started in New Jersey, I applied for the LCSW, which I currently hold. (I am a New Yorker and never in my life did I think I would live in NJ, but here I am and grateful that I listened to my friend from Grad school who encouraged me to get licensed here."

Hillary is trained in EMDR but considers herself to be eclectic in her approach in treating individuals and couples, working with the LGBTQ community. In her free time, she plays golf and enjoys traveling with her wife.

Welcome to NJSCSW, Hillary and Jessica!!

DUMBO

By Janet R. Faust, PhD, LCSW

I was excited when I sat down with my very savvy four and one-half year-old granddaughter to read "Dumbo," a Disney story I remembered from my early childhood in the fifties, complete with record album. What I read next horrified me! That animal babies were delivered to a circus by storks – ok, not so bad. The concept of wild animals trained to perform tricks to entertain people? That is another story. At first not receiving a baby dropped from the sky by storks, Mrs. Jumbo is overjoyed by a special delivery of her baby boy. When the baby sneezed, his big ears were revealed and all the other mother elephants laughed, saying Mrs. Jumbo should send him back. They suggested the name Dumbo because he was "dumb-looking." His mother loved him just the way he was.

In the animal parade, Dumbo couldn't see where he was going and fell in a mud puddle, causing derision in the crowd. "Dumbo was filled with shame and desperately tried to hide his ears." A boy pulled one of Dumbo's ears. When Dumbo cried out his mother came to defend him and picked up the boy who hurt him, gently setting him down. The trainers lassoed Mrs. Jumbo, dragged her away, and locked her up in a jail. The mother elephants did not come to his aid. Dumbo was assisted by a very wise mouse named Timothy who said Dumbo's ears would make him famous someday.

"Oh my!" I said to my granddaughter. "Elephants, especially mothers, are not like that!" It turns out elephants are one of my favorite animals. I know there is research that shows they have complicated emotions such as joy, love, grief, compassion, rage, and altruism (PBS, "Elephant Emotions," 2008). In "Unforgettable Elephants," PBS, 2007, several female elephants "bellow and blare" during the birth of a baby in their family. The birth of a baby is a big event. "There is no greater love in elephant society than the maternal kind" PBS, 2008. Mother and infant elephants display attachment behavior, and grief, "standing over the remains." They have a period of despondency. Mothering behavior even extended to trying to save a baby of another species. They also evidence reunion excitement.

As clinical social workers, we know about attachment behavior (Faust, 1992). The heartbreak of taking Dumbo's mother away and locking her up has resonance with the immigration policies of our current government's "zero tolerance policy," since discontinued after an outcry. Very young children were snatched from their parents. (See Flores's commentary in the April 3 issue of the NYTimes: "We Fled the Gangs in Honduras. Then the U.S. Government Took My Baby"). They are still not all reunited. There is a word for this policy, as there is for locking up Dumbo's mother: cruelty.

Back to Dumbo: the ringmaster devises a finale wherein all the elephants are stacked up with Dumbo on the top, with a plan for him to fly down. All goes wrong and the tower of elephants falls, bringing down the tent. Dumbo is blamed for the ill-conceived plan, made to become a clown with painted face. Other incidents were planned, such as flying down from a burning building, all to humiliate Dumbo. The other clowns and the audience were laughing at Dumbo, because of his difference. In our immigration policy, we shame people instead of viewing them as needing help. It's a policy to exclude people that look different or speak a different language.

Witnessing all this cruelty in the book I asked my granddaughter "Is this a good way for us to treat each other?" "No!"

Timothy, the wise mouse, plans a reunion for Dumbo with his mother, and she cradles him in her trunk. A group of crows made fun of Dumbo. They pushed him off of a tree and he was able to fly down. This event led to another finale, planned to further shame Dumbo, when he surprised everyone by flying down from a burning building, encouraged by Timothy. "Dumbo became an overnight sensation!" His mother was upgraded to a place of honor in the audience every night when Dumbo did his flying act. At the end of the book Dumbo is happily in the arms of his mother, where he belongs.

Injustices? Laughing at someone because of their difference; assigning the basest aspects of human beings to elephants; locking up a mother for protecting her infant; separating her from her infant; using animals to do tricks to make money; blaming Dumbo for the circusmaster's ill-conceived plan; not appreciating Dumbo until he made money for the circus. This administration wants only people who are "successful" to be admitted to the United States. Traditionally the United States was a refuge for victims of authoritarian

governments, war refugees, persecuted groups, and those in poverty. Instead of excluding immigrants from countries like Syria, Iraq, and Afghanistan we should be welcoming them. Is our government talking about helping dying children from Yemen or Mozambique?

"As very sad because the little baby elephant Dumbo, his mother is in jail," said my granddaughter, who has more wisdom than our government. Interesting that she picks up on the mother-infant separation. The cruelest and saddest part.

We came upstairs after reading Dumbo. I was stunned. I guess it's not the fifties any more. Or maybe it never was.

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- Faust, J. (1992). *Mothers' Attachment to The Child at Ages One and Two and One-Half: Effects of Sex of the Child*. Dissertation. New York: New York University.
- Flores, Sindy. (2019). *We Fled the Gangs in Honduras. Then the U.S. Government Took My Baby*. New York: New York Times, April 3.

A Review of the Documentary "Heal"

By Kaitlin Vanderhoff, LCSW

Heal is a documentary film directed by Kelly Noonan Gores and produced by Adam Schomer which takes viewers on "a scientific and spiritual journey where we discover that our thoughts, beliefs, and emotions have a huge impact on our health and our ability to heal." This Netflix featured documentary about the mind-body connection seeks to shed light on the "powerful connection between the human psyche and physical health" by gathering insight from leading scientists, mental health providers and spiritual teachers. They also follow the healing journeys of individuals who seek out holistic treatment interventions for different medical conditions. The most notable story was that of Elizabeth, a survivor of stage 4 cancer. As a therapist with a particular interest in the mind-body connection and holistic treatment interventions I found this movie to be quite enlightening and applicable.

The movie begins with a quote which provides a perfect introduction to the profound interaction between mind and body. "We hold onto our emotions and

develop density in our bodies". What is meant here is that stress and unprocessed emotions have been found to cause inflammation and blockages in the body. Further, inflammation in the body is found to be the root cause of most illnesses. This quote essentially encapsulates the idea that our thoughts, beliefs and emotions affect our health. The film does not stop there. Next, we find out how we came to this conclusion and what this information means to us. To do this the film goes all the way back to 1925 when the field of quantum physics was discovered. This discovery caused scientists and other professionals in the field to begin challenging the beliefs that were currently held about illness and treatment. This mostly included the belief that our body is simply a physical entity comparable to a machine which malfunctions randomly and requires physical maintenance to repair. Quantum physics exposed the idea that inside all of our bodies are tiny atoms of energy which are constantly vibrating and are movable. Further, it set in motion that idea that our thoughts also create a powerful energy and that energy forces can alter things in the physical realm such as what is going on inside of our bodies. Hence the idea was created that our thoughts could potentially affect our physical bodies' condition.

Next, the movie delves deeper into scientific research which helps support these claims. The first includes some coverage on the strength and significance of the placebo effect. During this segment an organic chemist reports his experience of testing drugs for a large pharmaceutical company and his amazement when he often witnessed comparable results for true medications and the sugar pill placebo for a variety of illnesses. This realization opens up further exploration surrounding the need for medication which produce such harmful side effects when often times harmless placebos are creating the same affect. It also makes relevant the idea that medications treat only the symptoms of the illness and not the root cause which is often emotional. The film clarifies that they are not disputing the use of medication for physical trauma but questioning its use for other illnesses which are caused by stress. Here we also learn about the field of epigenetics. Epigenetics is the study of biological mechanisms that can switch genes on or off and the idea that environmental stimuli such as socialization, food, physical environment and sleep can cause genes to be turned off or turned on. To take this discovery a step further the film covers how our minds tell our cells what the environment is and therefore how to function, again highlighting how our thoughts influence the physical body in a directly correlated way.

To drop back into the effect of stress on the body the movie explores the basics of the autonomic nervous system. Most clinicians are familiar with the fight or flight response which is often closely tied with diagnoses like PTSD. The movie reviews the historical need for the fight or flight response and then fast forwards to the effects of the fight or flight response being over utilized in today's society. When the sympathetic nervous system or our fight or flight reaction is activated our bodies release cortisol (stress hormone), adrenaline and norepinephrine (stress hormone). The body only has limited supplies of these neurotransmitters and when they run out the body begins to "borrow" from other entities of the body such as the gut, the elimination system and the immune system in order to keep up with the need. This in turn weakens these systems and causes our bodies to become increasingly acidic and inflamed. When we see clients who have internalized traumatic events, especially in childhood, or have poor attachment styles we almost always see a more sensitive and over-utilized stress response system.

Now that we are informed about these processes what can we do with this information? The encouraging message of the film is that all hope is not lost. In fact, many of the solutions are readily available but often less utilized than those under the medical model. The very beginning of the movie notes that, given the right conditions, the body can heal itself and this fact is so clearly illustrated throughout the film in the success stories of Elizabeth, a stage 4 cancer survivor and Anita, a Lymphoma survivor. A multitude of these interventions were discussed and demonstrated in the film such as meditation, emotional freedom technique and utilizing sound waves to activate the parasympathetic nervous system. Other modalities mentioned included inner child healing, scared anger work, reiki, cranial sacral therapy and breathwork. Along with an exploration of the effect of a healthy diet, particularly plant-based, the film also explores the great healing properties of visualization and gratitude. The practice of visualization and gratitude are both associated with the energetic power of our thoughts on the body. All of these treatment modalities seek to heal the bodies energy by moving and unblocking negative energy and to relax the stress response system. Meditation for instance, has been found to stimulate the parasympathetic nervous system which is our "rest and digest" system by relaxing our stress response system. Not only that, it has been found to increase secretion of oxytocin which is referred to as the "love hormone" and endorphins from the pituitary gland as well. Lastly,

regular meditation has been found to raise our IGA levels which is our body's primary defense against bacteria and viruses.

The final powerful takeaway which I will share in this review includes a list of the 9 most common strategies utilized by those who have made miraculous medical recoveries or "radical remissions" gathered by a researcher named Kelly Turner. Kelly has interviewed over a thousand people from around the globe who have made such recoveries. These cases were all categorized as terminal by doctors. My hope is that this insight and these strategies may help clinicians to enhance their work with client's suffering from both physical and mental/emotional ailments. The list is as follows:

- ▶ **Radically change diet**
- ▶ **Taking control of your health**
- ▶ **Following your intuition**
- ▶ **Using herbs and supplements**
- ▶ **Releasing suppressed emotions**
- ▶ **Increasing positive emotions**
- ▶ **Embracing social support**
- ▶ **Deepening your spiritual connection**
- ▶ **Have a strong reason for living**

References:

Noonan Gores, K., & Schomer, A. (2017). *Heal*. Beverly Hills, CA: Elevative Entertainment. www.healdocumentary.com

Research on Video Games

By Andrew Walsh, LSW, LCADC Intern

Most people view video games as a harmless form of entertainment. Players are able to escape from reality and take a break from the hustle and bustle of the world. Games allow players to live in fantasy worlds and express themselves as they want to. Is there anything wrong with playing video games? Research has been going on for nearly two decades to try and answer that question.

Research on Video Game Addiction

Video game addiction may seem like a fake diagnosis parents give their kids who seem glued to their games. In 1999 violence in video games became a real concern following the Columbine Shooting. Rumors swirled that the shooters played Doom which was an incredibly violent and gory game. Concerns grew that playing violent video games predisposes players to real world violence.

Video Games and Violence

Research today does illustrate some troubling points regarding video game violence. Players learn to associate violence with pleasure (winning the game by killing other characters). For instance children practice the same action thousands of times when playing video games. Additionally someone playing a violent video game will practice killing thousands of times. Furthermore violent video games may produce decreases in empathy among adolescent and young adult players. Theoretically lower levels empathy levels could result in an increase in the likelihood of violent behavior.

Just because someone plays violent video games though does not mean that they will engage in violence themselves or become a mass murderer. However it is a risk factor and something that parents need to be aware of. Parents should just keep in mind that certain violent video games may not be appropriate for younger children. They should also review the games to make sure that they are aware of what is going on in the video games their children are playing.

Video Games Addictiveness

Research on the addictiveness of video games in the U.S. started in the early 2000s. Douglas Gentile (Director of Research for the National Institute of Media and the Family) found that 8.5% of youth exhibit addiction. Furthermore addicted gamers may exhibit compulsive behavior, social isolation, rapid mood swings and decreased focus (except while playing video games).



The Entertainment Software Association refuted the study saying that video games aren't inherently bad. In 2013 the American Psychiatric Association elected to not officially recognize video game addiction as a real disorder claiming they needed more conclusive proof. However they did label it as a "Condition for Further Study".

Alternatively the World Health Organization (WHO) officially recognized video game addiction as a real disorder in 2018. To learn more about these organizations read my post on them.

If You Feel Like Your Gaming (or a Loved One's) is Out of Control, Seek Help

Is gaming addiction even a "real" thing? It depends on who you ask. Twenty years ago most would likely have said no. Ten years ago some would have said yes. Now a growing number of researchers, therapists, and mental health professionals are saying yes globally. Recent national research has shown that video game addiction is real and it affects 8.5% of U.S. youth. The WHO recognizing it as an addiction is a strong indication that this is a real disorder.

Poetry Corner

The Waiting Room

By: Sharon Klempner, MSW, LCSW, BCD

*The waiting room is bland.
In fact, it says little
About the man
Who sits within.
There are bright pictures
Over modern chairs
And old magazines
On low tables.
Yet, somehow, there's nothing
To distract one
From looking in the mirror
That isn't there.*

*If you are interested please submit your poetry to be published by emailing me directly at kaitlin.vanderhoff1@gmail.com

Safe Shells

By: Carol Felder Freund

*A child's blue plastic shovel digs into wet heavy sand
his snail shells rim his mote's perimeter
& adorn his castle*

*tiny yellow-orange shells
the color of the moon
curled inward like his cat*

*he lifts one from his pail
it is round and satisfied all itself
he lifts a bigger one
brown and white crusted, old*

*It could pounce
eat the little shell*

*he grabs the little one away
it laughs and tells him it wasn't afraid
he closes his palm around it*

*his green pail tips over
rolls toward the water
he jumps up*

*the water, the noise
he and the orange shell laugh and run
as the waves crest high
as the waves carry the sunlight and the water up into
the air*

*"Pete! can't you listen?"
His arm is being shaken
Angry words:
"We're going
"it's time to go
"Can't you hear?"*

*Pete looks into dark dead eyes
Am I supposed to go with him?
Who is he?
Who is he?
Who is he*

*Pete knows he doesn't know:
His step father
Another new man
Pete knows he has to go
Pete knows and doesn't know
He curls his fist around
the satisfied curled shell*



A Map, A Compass, & A Powerful Flashlight

Explore the inner mind of your patient and lead her to safety.

A Map: A theoretical framework of the mind.

A Compass: A perspective to orient you, the therapist, to take steps with your patient that will build security, bonding, and trust.

How I got my LCSW through NJI

By: Kaitlin Vanderhoff, LCSW

After graduating with my MSW from New York University in 2015 I was a bit uncertain about my path ahead. A few months later I secured a job as a School Social Worker on a Child Study Team. After one year and coming across many students in need of school-based counseling I noticed that I felt ill equipped to support these students with meaningful therapeutic services.

I knew I needed more clinical knowledge so I set out to find both a supervisor for my LCSW and an institute where I could receive additional clinical training. During my online search I came across the New Jersey Institute for Training in Psychoanalysis and attended an open house. When I attended I realized that this is just what I was looking for; a fellowship of like-minded individuals led by seasoned professionals with many differing backgrounds.

When I finally decided to enroll in the program I came to find that there were many affiliated Certified LCSW Supervisors. I was also delighted to find out that first year candidates at NJI are offered a special low cost year of supervision. The low cost fee was far less than what I had read elsewhere online. I was thrilled because it so easily became possible for me to meet all my aims; begin my continuing clinical education and securing an experienced, knowledgeable and reliable supervisor all at a low-cost.

Today, I am a newly licensed LCSW, thanks to all the guidance and support of my supervisor, and I am in my third year of psychoanalytic training. Further, these experiences and the networks I made at NJI allowed me to secure a wonderful clinical position. I cannot say that any of that or the confidence that I have today would be possible without NJI.